

12/19

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	UW G		10/28/00
O.I.P.E. CLASSIFIER		12	11/1/00
FORMALITY REVIEW	MT	523	12/05/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1		01/09/01	2/9/01
2		02/09/01	2/5/01
3		03/09/01	2/5/01
4		04/09/01	2/5/01
5		05/09/01	2/5/01
6		06/09/01	2/5/01
7		07/09/01	2/5/01
8		08/09/01	2/5/01
9		09/09/01	2/5/01
10		10/09/01	2/5/01
11		11/09/01	2/5/01
12		12/09/01	2/5/01
13		01/10/01	2/5/01
14		02/10/01	2/5/01
15		03/10/01	2/5/01
16		04/10/01	2/5/01
17		05/10/01	2/5/01
18		06/10/01	2/5/01
19		07/10/01	2/5/01
20		08/10/01	2/5/01
21		09/10/01	2/5/01
22		10/10/01	2/5/01
23		11/10/01	2/5/01
24		12/10/01	2/5/01
25		01/11/01	2/5/01
26		02/11/01	2/5/01
27		03/11/01	2/5/01
28		04/11/01	2/5/01
29		05/11/01	2/5/01
30		06/11/01	2/5/01
31		07/11/01	2/5/01
32		08/11/01	2/5/01
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35		11/11/01	2/5/01
36		12/11/01	2/5/01
37		01/12/01	2/5/01
38		02/12/01	2/5/01
39		03/12/01	2/5/01
40		04/12/01	2/5/01
41		05/12/01	2/5/01
42		06/12/01	2/5/01
43		07/12/01	2/5/01
44		08/12/01	2/5/01
45		09/12/01	2/5/01
46		10/12/01	2/5/01
47		11/12/01	2/5/01
48		12/12/01	2/5/01
49		01/01/02	2/5/01
50		02/01/02	2/5/01

Claim	Final	Original	Date
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If more than 150 claims or 10 actions
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